

Jessica Cerdeña  
Testimony re: SB 284

My name is Jessica Cerdeña and I am a resident of Hamden at 41 Benham Hill Pl. I hold a PhD in Medical Anthropology from Yale University and I am currently completing my medical degree at Yale School of Medicine. The views I share today are my own and do not reflect those of Yale University or any of my clinical sites.

Two weeks ago in clinic, I saw an eleven-year-old Ecuadorian patient named Elisa for follow up of acid reflux. As Elisa described her symptoms—chest pain and shortness of breath that worsened at night and woke her from sleep—it became clear she suffered from anxiety and panic attacks. Three months prior, Elisa’s family contracted COVID-19. Her mother—who is undocumented and uninsured—became so short of breath, she called an ambulance and said goodbye to her children, believing she would die. Elisa felt like she was choking on air, the tears burbling in the back of her throat. How would she care for her younger siblings if her mother died? Elisa, too, had no health insurance. What would happen if she became sick? How would they afford treatment?

As we planned Elisa’s treatment plan, including referring her for behavioral health care and ordering her asthma inhalers, we hit a wall. Her family would not be able to afford the medications or therapy. Elisa is caught in a vicious cycle: An undocumented eleven-year-old, she is ineligible for HUSKY and will be too old to qualify under the expansion to immigrant children eight years old and younger. Her symptoms stemmed directly from stress over her family’s precarious health status and will only worsen without appropriate care.

The disparity in HUSKY coverage not only affects Elisa. Anthropologists studying mixed-status families have found that those with healthcare coverage often experience “survivor’s guilt” as they enjoy benefits denied to their loved ones. As they grow older, Elisa’s younger siblings may experience this frustration, shame, and stress as they seek the healthcare they need while Elisa and her mother must delay care, ration medications, or forgo treatment altogether.

Beyond improving healthcare access and equity, expansion of HUSKY is also far more comprehensive and cost-effective compared to restrictive coverage options like Emergency Medicaid. It also achieves its desired aim: A 2021 study of California’s Health4All Kids expansion of Medicaid and CHIP found a 56 percent reduction in insurance coverage disparities among low-income children. It also communicates a positive message about how the state cares for the public.

One in three of Connecticut residents is an immigrant or the child of an immigrant. Let’s pass SB 284 and show we care. Thank you.